



Commonwealth of Virginia
Chesapeake Health Department
Division of Environmental Health
748 North Battlefield Boulevard
Chesapeake, VA 23320
(757) 382-8672 Fax (757) 382-8713

Office Records
Date Received _____
\$40 Plan Review _____
\$40 Annual Permit _____

HOTEL, MOTEL, BED & BREAKFAST PLAN REVIEW APPLICATION

THIS IS NOT A PERMIT TO OPERATE

*Please print or type the information requested below and return the completed application. Application with plan review fee of \$40 must be submitted to the Chesapeake Health Department for review and approval before any work may be done in the establishment. If any existing equipment is to be replaced or new equipment is installed, the manufacturer's specifications must also be submitted. Please contact our office at (757)-382-8672 for more information.

Name of Establishment: _____
Facility Address: _____ Suite # _____
Facility Phone: _____ Fax number: _____
Billing Address: _____

Name of Owner _____
Mailing Address: _____
Telephone: _____

Contact Person & Title (architect, manager, builder, etc.): _____
Mailing address: _____
Telephone: _____

Email Address: _____
(Important for Product Recalls & Public Health Emergencies)

I have submitted plans/applications to the authorities on the following dates:

_____ Development & Permits	_____ Commissioner of Revenue
_____ Zoning	

Projected Date for Completion of Project: _____

Number of Rooms: _____ **Number of Floors:** _____

Type of Application: Hotel ☐ Motel ☐ Bed & Breakfast ☐

Checklist of required documents:

_____ Business License	_____ Site plans showing location of business in building: location of building on site including location of any outside equipment.
_____ Architectural plans drawn to scale of establishment showing location of equipment, plumbing, electrical services (including lighting), mechanical ventilation and room finishes.	_____ Manufacturer specification sheets for each piece of equipment shown on the plan

POSTING OF RATES AND CODE

All operators shall post conspicuously in each lodging unit occupied by transient guests the rates for the room together with §§ [8.01-42.2](#), [35.1-27](#) and [35.1-28](#) and the Code of Virginia in which are prescribed the duties, liability of guests for hotel damage and limitation of liability of guest for hotel damage from innkeepers

FACILITY REVIEW (circle or enter your answer where applicable)

1. Will the floors of all lodging units, hallways, storerooms and all other spaces used or traversed by guests be of such construction as to be easily cleanable? YES/NO
2. Will the walls and ceilings of all lodging units, hallways, bathrooms, storerooms and all other spaced used or traversed by guests be of such construction as to be smooth and easily cleanable? YES/NO
3. Are mattress covers or pads used for the protection of mattresses? YES/NO
4. Are all sheets, pillowcases, towels, washcloths and bathmats freshly laundered and sanitized between occupants and changed at least once every 7 days if used by the same occupant? YES/NO
5. Where will all clean bedding and linen be stored? _____
6. Where will all soiled bedding and linen be stored? _____
7. Will containers for transporting or storing bedding and linen be impervious and kept smooth and easily cleanable? YES/NO
8. Will bed arrangements of lodging units be provided with not less than twenty-four (24) inches of clear space between each bed, cot, or bunk? YES/NO

WATER SUPPLY

1. Is the facility's water supply public or private? _____
 - a. If private, has the source been approved? Attach a copy of written approval and/or permit. YES/NO
Provide schedule for cleaning & maintenance

SEWAGE DISPOSAL

1. Is the building connected to city sewer? _____
If no is the private disposal system approved? Attach a copy of written approval and/or permit YES/NO

TOILET, LAVATORY, AND BATH FACILITIES

1. Are the locations and use of all public toilet and bath facilities clearly indicated by appropriate signs? YES/NO
2. Are all lavatories, bathtubs and showers provided with hot and cold water? YES/NO
3. Are toilet and bathroom floors finished with a material that is smooth, easily cleanable, impervious to water and coved to a height of four (4) inches? YES/NO
4. Do shower compartments have interior finishes which are smooth, easily cleanable, and impervious to water?
5. Do shower compartments have rubber mats? YES/NO
 - a. If yes, will these mats be cleaned and dried between uses? YES/NO
6. Are bathtub and shower stall floors finished with non-slip, impervious surfaces or provided with non-slip impervious bath mats? YES/NO
7. Are glass bath or glass shower doors used? YES/NO
 - a. If yes, have such doors been made of safety glass? YES/NO
8. Have toilet tissue, soap, towels and a receptacle been provided? YES/NO

SOLID WASTE

1. A minimum of one (1) water-tight, non-absorbent and easily washable waste receptacle shall be provided in each lodging unit. Has this been provided? YES/NO
2. Will solid waste be collected daily from rooms and areas used by guests? YES/NO
3. Will solid waste be stored in either individual garbage containers, bins, or storage vehicles? YES/NO
 - a. Will these containers have tight fitting lids or covers? YES/NO
 - b. Will these containers be durable, rust resistant, water-tight, rodent proof and readily washable? YES/NO
4. How will solid waste be disposed? _____

VECTOR CONTROL

1. Will vector control measurements be employed to prevent vector infestations in or around the facility? YES/NO
2. Will all outside doors be self-closing, rodent proof and open outward? YES/NO
3. Will all pipes & electrical conduit chases be sealed? YES/NO
4. Will ventilation systems, exhaust and intakes, be protected against pest entry? YES/NO
5. Is the area around the building clear of unnecessary brush, litter, boxes and other harborages? YES/NO
6. Will air curtains be used? YES/NO
If yes where? _____
7. Has a state licensed pest control service been contracted? YES/NO
 - a. If yes, provide the company's name and indicate frequency of service. _____

CHEMICAL AND PHYSICAL HAZARDS

1. Will all cleaning equipment, supplies, pesticides, rodenticides, chemicals, paints and other toxic substances be kept isolated from guests and stored as to prevent contamination of clothing, toweling and bedding materials? YES/NO
2. Will all toxic substances be clearly identified and labeled? YES/NO
3. Will housekeeping carts be kept organized such that clean linens, single-service items, ice buckets and glassware stored on these units are protected from contamination by toilet brushes, soiled linen, cleaning agents or any other possible sources of contamination? _____
4. Will all stairways be provided with firmly attached handrails and guardrails? YES/NO

FOOD SERVICES

All eating and drinking establishments, commissaries, mobile units and vending machines operating in conjunction with a lodging establishment shall comply with the Food Regulations of the Board of Health (12 VAC 5-421). A Food Service Establishment Permit application and Food Service Establishment Plan Review application must also be completed.

1. Are reusable glassware items provided by the hotel? YES/NO
 - a. If yes, how will these items be washed, rinsed and sanitized? _____
2. Sanitized glassware must be stored in a clean site that is removed from sources of contamination*. Where will this be located in the lodging facility? _____
 - b. *A single-service cover is to be placed on the opening of the glassware prior to its removal from the cleaning site. If this cover is removed by the guest then the glassware is presumed to be soiled and shall be washed and sanitized.
3. Single service ware must be stored in a clean site that is protected from sources of contamination. Where will this be located in the lodging facility? _____
4. Will automatic dispensing ice units be made available in public areas? YES/NO
 - a. If yes, where will these units be located? _____
5. Will ice buckets be used? YES/NO
 - a. If yes, how will these items be washed, rinsed and sanitized? _____
 - b. Will a food-grade liner be used to protect the ice from contamination? YES/NO

LODGING UNIT KITCHENS

1. Will the facility be equipped with lodging unit kitchens? YES/NO
2. Will the kitchen equipped lodging units have a sink suitable for dishwashing with hot and cold water? YES/NO
3. Will a refrigerator capable of maintaining a food temperature of 41F be provided? YES/NO
4. Will utensils and equipment, if supplied, be easily cleanable, durable and kept in good repair? YES/NO
5. Utensils supplied in lodging units shall be washed, rinsed, and sanitized after each occupancy and have a notice saying "For your convenience, dishes and utensils have been washed and sanitized. If you would like to further sanitize these items, please contact the manager." Has this been provided? YES/NO

SPAS, SWIMMING POOLS AND OTHER SWIMMING FACILITIES

Any spa, swimming pool or other swimming facility located at or operated in connection with a hotel shall comply with the local city ordinances. A Recreational Water Facility Application and Recreational Water Facility Plan Review application must also be completed.

Please answer every question that applies to your lodging establishment operation. Ensure your plans are complete.

Approval of these plans and specifications by the Chesapeake Health Department does not indicate compliance with any other code, law or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing lodging establishments.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chesapeake Health Department may nullify final approval.

Signature_____

Print Name_____

Date: _____

For Official Use: Items Submitted in Packet

- ___ Plan review fee of \$40
- ___ Permit application with \$40 fee
- ___ Manufacturer specifications for equipment
- ___ Plans drawn to scale

Make checks payable to:
Chesapeake Health Department or CHD
748 Battlefield Boulevard, North
Chesapeake, VA 23320

Plans Reviewed and Approved EHS: _____ Date: _____

EHS: _____ Date: _____